

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089608

**Entity Name:** ALVIAR ROLL-OFFS, LLC

**Current Principal Place of Business:**

1029 N 29TH ST  
IMMOKALEE, FL 34142

**Current Mailing Address:**

PO BOX 328  
IMMOKALEE, FL 34143 US

**FEI Number:** 20-3451388

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALVIAR, DELIA B  
1029 N 29TH ST  
IMMOKALEE, FL 34142 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           ALVIAR, RUBEN  
Address        PO BOX 328  
City-State-Zip: IMMOKALEE FL 34143

Title           MGRM  
Name           ALVIAR, DELIA B  
Address        PO BOX 328  
City-State-Zip: IMMOKALEE FL 34143

Title           MGR  
Name           ALVIAR, JORDAN  
Address        1029 N 29TH ST  
City-State-Zip: IMMOKALEE FL 34142

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELIA B ALVIAR

**OWNER/MANAGE**

**04/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date